

<b>Case Number:</b>	CM15-0033065		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male, who sustained an industrial injury on 05/08/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar disc herniations at lumbar three to four and lumbar four to five, right lower extremity lumbar radiculopathy, status post bilateral knee arthroscopy with rule out osteoarthritis, musculoligamentous sprain/strain of the bilateral knees, left ankle internal derangement to rule out chondral lesion, status post left knee arthroscopy, right knee recurrent medial meniscus tear, bilateral foot plantar fasciitis, pes planus, left knee osteoarthritis, anxiety and depression, bilateral knee internal derangement, status post arthroscopy, and stress and insomnia. Treatment to date has included above listed procedures, and medication regimen. In a progress note dated 01/14/2015 the treating provider reports constant low back pain with stiffness and spasms along with bilateral knee pain with the left knee pain worse than the right knee with numbness, tingling, burning sensation, weakness, and giving out. The injured worker rates the back pain a six out of ten, the right knee pain an eight out of ten, and the left knee pain a ten out of ten. The treating physician requested chiropractic therapy for the lumbar spine with consistent of light massage and therapeutic modalities but the documentation provided did not indicate the specific reason for this requested treatment. On 02/04/2015 Utilization Review non-certified the requested treatment of twelve sessions of chiropractic therapy for the lumbar spine consisting of light massage and therapeutic modalities between 01/14/2015 and 05/03/2015, noting the California: Chronic Pain Medical Treatment Guidelines (May 2009); Functional Improvement; and American College of Occupational and

Environmental Medicine Guidelines, Chapter 13 (Knee Complaints) (2004), page 341, Official Disability Guidelines, Pain (Chronic).

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**12 sessions of chiropractic therapy for the lumbar spine consisting of light massage and therapeutic modalities (through Align Networks 866-389-0211): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic manipulation.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions chiropractor to the lumbar spine with massage and therapeutic modalities (through Align Networks) are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal for effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment; especially active interventions (e.g. exercise). The recommended frequency and duration of treatment are 1 to 2 times per week for an optimum duration of six weeks. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar disc herniations at L3 - L4 and L4 - L5; right lower extremity lumbar radiculopathy; and multiple diagnoses related to the right and left knee. Objectively, examination of the lumbar spine revealed paraspinal spasms and tenderness. The guidelines for chiropractic care recommend a trial of six visits over two weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be required. The treating physician requested 12 sessions of chiropractic treatment to lumbar spine. This is in excess of the recommended guidelines (a trial of six visits). Consequently, absent compelling clinical documentation in excess of the recommended guidelines (six visits over two weeks), 12 sessions chiropractor to the lumbar spine with massage and therapeutic modalities (through Align Networks) are not medically necessary.